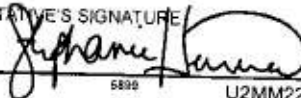


Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL011285	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING: _____		(X3) DATE SURVEY COMPLETED R 06/01/2016
NAME OF PROVIDER OR SUPPLIER CANDLER LIVING CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 136 ROBINSON COVE ROAD CANDLER, NC 28715		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE	
(C 000)	Initial Comments Report of Follow-up Survey by Dennis Harrell on 6-1-2016. Several deficiencies were not corrected. Further action is required.	(C 000)			
(C 166)	Housekeeping-Maintained Free of Hazards SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0306 HOUSEKEEPING AND FURNISHINGS (a) Adult care homes shall: (5) be maintained in an uncluttered, clean and orderly manner, free of all obstructions and hazards; (e) This Rule shall apply to new and existing facilities. This Rule is not met as evidenced by: Based on observation, parts of the walls and ceilings in the laundry were covered in black mold evidently caused by a leaking roof. Persistent mold can be hazardous to the health of the residents and staff.	(C 166)	Facility maintenance will repair laundry room ceilings where mold from leaking roof is present. Operations Manager will conduct biweekly building checks to ensure physical plant will be clean and maintained free of all hazards and obstructions and complete a maintenance repair list to send to the Office for scheduling of repairs.	7/15/16	
(C 189)	Building Equipment Maintained Safe, Operating SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0311 OTHER REQUIREMENTS (a) The building and all fire safety, electrical, mechanical, and plumbing equipment in an adult care home shall be maintained in a safe and operating condition. (k) This Rule shall apply to new and existing facilities with the exception of Paragraph (e) which shall not apply to existing facilities.	(C 189)			

Division of Health Service Regulation

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE



TITLE
Administrator

(X6) DATE
6/27/16

STATE FORM

5800

U2MM22

If continuation sheet 1 of 2

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL011285	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____	(X3) DATE SURVEY COMPLETED R 06/01/2016
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NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

CANDLER LIVING CENTER

**136 ROBINSON COVE ROAD
CANDLER, NC 28715**

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
{C 189}	Continued From page 1 This Rule is not met as evidenced by: 2. Based on observation, the required one-hour fire rated walls and/or ceilings were compromised in locations. Holes and penetrations that are not sealed with materials approved for use in one-hour fire rated construction present the possibility that a fire that begins in one space can quickly spread to other areas of the facility. Findings include: a. Hole about 3 feet by 4 feet in the laundry ceiling. b. Parts of laundry ceiling deteriorated from water damage. c. Holes in the laundry walls from water damage.	{C 189}	Repairs to the 3 feet by 4 feet hole in the laundry ceiling, water damaged parts of laundry ceiling, and holes in the laundry walls from water damage will be completed by maintenance. Operations manager will complete biweekly building checks to ensure physical plant is maintained in safe, operating condition and report any repairs needed to the Office for scheduling of maintenance repairs.	7/15/16